**28602860115** 

CANTOR COLBURN L



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PTO/SB/30 (08-03) Approved for use through 07/31/2008. OMB 0651-0031 U.S. Petent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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## REQUEST **FOR** CONTINUED EXAMINATION (RCE) TRANSMITTAL

Address to: Mail Stop RCE Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Application Number	09/997,067
Filing Date	11/29/2001
First Named Inventor	Hirsts et al.
Art Unit	3629
Examiner Name	Igor N. Borissov
Attorney Docket Number	YKI-0081

This is a Request for Continued Examination (RCE) under 37 CFR 1.114 of the above-identified application. Request for Continued Examination (RCE) practice under 37 CFR 1.114 does not apply to any utility or plant application filed prior to June 8, 1995, or to any design application. See Instruction Sheet for RCEs (not to be submitted to the USPTO ) on page 2.

1. Submission required under 37 CFR 1.114 Note: If the RCE is proper, any previously filed unentered and amendments enclosed with the RCE will be entered in the order in which they were filed unless applicant instructs otherwise. If applicant does not wish to have any previously filed unentered amendment(s) entered, applicant must request non-entry of such amendment(s).  2. Previously submitted. If a final Office action is outstanding, any emendments filed after the final Office action may be considered as a submission even if this box is not checked.									
I.   Consider the arguments in the Appeal Brief or Reply B	Brief previously filed on								
ii. Other									
b. ☑ Enclosed i. ☑ Amendment/Repty iii. ☐ Information ii. ☐ Affidavit(s)/Declaration(s) iv. ☐ Other	Disclosure Statement (IDS)								
2. Miscellaneous	2 Miscellaneous								
a.   Suspension of action on the above-identified application is requested under 37 CFR 1.103(c) for									
a period of months. (Period of suspension shall not exceed 3 months; Fee under 37 CFR 1.17(i) required)									
b. Other	caced o months, ree under or CFR 1.17(1) required)								
	<del></del>								
3. Fees The RCE fee under 37 CFR 1.17(e) is required by 37 CFR 1.114									
a. 🖾 The Director is hereby authorized to charge the following	fees, or credit any overpayments, to								
Deposit Account No. 06-1130									
I. RCE fee required under 37 CFR 1.17(e)	<u> </u>								
ii. D Extension of time fee (37 CFR 1.135 and 1.17)									
III. □ Other									
b. Check in the amount of \$	enclosed								
c. Q Payment by credit card (Form PTO-2038 endosed)									
	Show All a sout to Brown all a south and a south								
WARNING: Information on this form may become public.  be included on this form. Provide credit card information:									
be included on this form. Provide credit card information	and authorization on PTO-2038.								
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED									
Name (Print/Type) Joel Ti Chariton	Registration No. (Attorney / Agent) 52,721								
Signature full (Millian	Date November 30, 2004								
CERTIFICATE OF MAILING OR TRANSMISSION									
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mell in an envelope addressed to: Mail Stop RCE, Commissioner For Patents, P.O. Box 1450, Alexandria, VA 22313-1450 or tacsimile transmitted to the U.S. Patent and Trademark Office on the date shown below.									
Name (Prost/Type)   Patricia (P. Hart									
Signature (AD) H	Date November 30, 2004								

reas conocion or information is required by 87 CFR 1.114. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 38 U.S.C. 122 and 97 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, propading, and submitting the completed application form to the USPTO. Then will vary deporting upon the inchidual case. Any comments on the amount of time you require to complete this form address upgestions for reducing the burden, should be sent to the Chief Information Officer, U.S. Patent and Tradersork. Office, U.S. Department of Commence, P.O. Box 1450, Alexandria, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Mail Stop RCE, Commissioner for Patients, P.O. Box 1450, Alexandria, VA 22313-1450.

PAGE 2/10 \* RCVD AT 11/30/2004 4:07:43 PM [Eastern Standard Time] \* SVR:USPTO-EFXRF-1/0 \* DNIS:8729306 \* CSID:8602860115 \* DURATION (mm-ss):03-28

12/16/2004 PLEWIS 00000003 061130 01 FC:1801 790.00 DA (

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## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2001

**Application or Docket Number** 

4KI-0081

0999706

CLAIMS AS FILED - PART I (Column 1) (Column 2)							SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY		
TOTAL CLAIMS		25					RATE	FEE		RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE	370.00	OR	BASIC FEE	740.00
TOTAL CHARGEABLE CLAIMS			2) minus 20=		• 5			X\$ 9=		OR	X\$18=	
IND	EPENDENT CL	AIMS	3 mii	nus 3 =	*	4		X42=		OR	X84=	
MULTIPLE DEPENDENT CLAIM PRESENT								+140=		OR	+280=	
* If the difference in column 1 is less than zero, enter "0" in column 2								TOTAL		OR	TOTAL	
CLAIMS AS AMENDED - PART II											OTHER	THAN
		(Column 1)		(Colu		(Column 3)	L	SMALL E	ENTITY	OR	SMALL	
ENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDMENT	Total	.82	Minus	- 2	5	- 1		X\$ 9=		OR	X\$18=	
ME	Independent	• 3	Minus	***	3_	<u>- W</u>	1 [	X42=		OR	X84=	
Ľ	FIRST PRESE	NTATION OF MI	JLTIPLE DEF	ENDEN	CLAIM		J	+140=		OR	+280=	
								TOTAL		OR	TOTAL	
(Column 1) (Column 2) (Column 3)								addit. Fee			ADDIT. FEE	
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	IEST BER OUSLY	PRESENT EXTRA	֓֟֞֞֟֓֞֟֓֓֓֓֓֟֟֓֓֓֟֟֓֓֓֟֟֓֓֟֟	RATE	ADDI- TIONAL FEE		RATE	ADDIS TIONAL FEE
NDN	Total	25	Minus	<del>-</del> 2	5_	<b>₽</b> Ø	IJ.	X\$ 9=		OR	X\$18=	
AME	Independent	NTATION OF MI	Minus	ENDENT	CLAIM		┨ ┠	X42=/		OR	X84,±	
							<b>.</b>	+140=		OR	<b>+</b> 280=	
	. 44	ı					7	TOTAL ADDIT. FEE		OR/	/ TOTAL ADDIT. FEE	
	1-30.04			(Colu		(Column 3)	<u>`</u>	•		•		
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		PREVI	BER	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
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ME	Independent	• 3	Minus	***	3	= 0	]	X42=			X84=	10
Ľ	FIRST PRESE	NTATION OF M	ULTIPLE DEF	PENDEN	T CLAIM	/ 🗆	J ⊦	7725		OR		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.							+140=		OR	+280=		
**	** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  TOTAL ADDIT. FEE OR ADDIT. FEE  TOTAL OP  ADDIT. FEE  TOTAL OP  T										40-	